PRE-AUTHORIZED PAYMENT PLAN – BANK DRAFT/EFT

United Security Assurance Company of Pennsylvania
PO BOX 64477 • SOUDERTON PA, 18964

The Pre-Authorized Payment Plan is subject to the following Conditions:

1. The Company shall draft my account on or about the 1st or 15th of the month (whichever is closest to the due date) as requested below, as it deems appropriate. A separate transaction will be used for each policy.
2. The Company may revoke the privilege of paying premium under the BANK DRAFT/EFT PLAN if any payment is dishonored. A service fee may be assessed for all dishonored payments.
3. The Company or the undersigned, upon thirty (30) days written notice, may discontinue payment of premium under the Plan.
4. If the Plan is discontinued, an alternative payment acceptable to the Company may be used to remit the premiums needed to keep the policy(s) in force and current.
5. The Company will not send premium notices while this Plan is in effect.
6. **A request for change or adjustment must be received in the Company's Home Office at 673 Cherry Lane, PO Box 64477, Souderton, PA 18964 or Faxed to (215) 723-8036, at least 6 days prior to the scheduled transaction date.**

❑ CHECKING ACCOUNT ❑ SAVINGS ACCOUNT (MUST HAVE ALL INFORMATION FILLED IN BELOW)

_____ _____
BANK NAME **CITY STATE & ZIP**

:___ ___ ___ ___ ___ ___ ___ ___ ___: :___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___:
TRANSIT ROUTING NUMBER (9-Digits) **BANK ACCOUNT NUMBER**

❑ Annually ❑ Semi-Annually ❑ Quarterly ❑ Monthly (if no box is selected monthly will be deducted)

❑ 1st day of month ❑ 15th day of month

❑ New Application ❑ In Force Policy Number Involved

(For new applications, whichever date you choose will determine the effective date of your Policy, either the 1st or the 15th of the month)

POLICY NUMBER	NAME OF INSURED/APPLICANT

AUTHORIZATION: In accordance with the agreements and conditions listed, I (we) hereby request and authorize the Company, its representatives or affiliates, to initiate debit entries on the Bank account listed herein for the purpose of paying premium and I (we) authorize the Bank to accept and post these debit entries (and credit entries if necessary to correct errors) to the named account.

X _____ _____
Authorized Signature of Depositor (as it appears on Bank Documents) Printed Name on Account

X _____ _____
Signature of Applicant/Insured (if different from Depositor) Date

ATTACH VOIDED CHECK HERE

Deposit Slips NOT Accepted

For a Savings Account deduction you MUST provide all banking information above. (Savings deposit slips alone are not sufficient for processing.)